

High Tech Arrangement Application for Replacement Medicines (V.4)

Section A should be completed by the patient/pharmacist/nursing home/hospital and signed by the patient/responsible person. The pharmacist can assist with providing details of the drug cost information required below. Section B should be completed by the pharmacist who can submit the completed form along with a copy of High Tech Prescription to the High Tech Unit by email: PCRS.HiTech@HSE.ie

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Approved/Refused: _______Date: ____/____/____